

Consumer Statement Template

Assisted Living Facility

Fox Hollow Independent and Assisted Living

2599 NE Studio Rd, Bend OR 97322

1. Summary of the care and services we provide.

Fox Hollow Independent and Assisted Living provides all state required services, including general assistance with activities of daily living, food service, which includes modified special diets as necessary, medication assistance, housekeeping services and social and recreational activities. We also provide transportation and the following additional medically related services:

- *Transportation Provided limited to Tuesdays and Wednesdays
- *Coordination of care with outside services/providers (e.g. Hospice, Home Health).
- *Foley and Suprapubic catheter care and Ostomy care.
- *Diabetic patient care including: Insulin administration for stable and predictable diabetics, blood glucose testing, diabetic nail care.
- *Mobility assistance including two person transfers, and Hoyer and Sit to Stand lift devices.
- *Adaptive device equipment (e.g. braces and prosthesis).
- *Compression hosiery (e.g. compression stockings/socks and Ted hose)
- *Devices with restraining qualities with proper approved assessment.
- *Smoking/Vaping in approved, outside, designated areas.

2. Summary explanation of the types of care and services we do not provide.

Fox Hollow Independent and Assisted Living does not provide the following services on a routine basis:

- *In house blood draws/dialysis services.
- *Fluid input monitoring.
- *Complex (anything greater than stage 2) wound care without outside agency support services, or continued wound care without healing improvement.
- *Memory Care
- *Three person transfers.
- *Resistance to care that poses a health or safety risk to oneself or others.
- *Behaviors that disrupt the well being of other residents including aggression, name calling, sexual inappropriateness, psychiatric or suicidal tendencies which cannot be mitigated.
- *Smoking/vaping of anykind indoors, excessive consumption of alcohol or drug abuse.
- *One on one supervision or escorts to/from appointments.
- *Facilitate after hours transportation.
- *Language translation services.
- *High frequency of falls that are not minimized with interventions.
- *Elopement from facility or wandering into other resident apartments in which interventions are unsuccessful.
- *Special diets including celiac/certified gluten free, Kosher diet, Tree or ground nut allergy, or ADA diet.
- *One on one feeding assistance.
- *Financial management services.
- *Foot and Nail care for Diabetics or people on anticoagulant medications.

Describe any health, nursing, behavior or care service you want a prospective resident to know the community is unable to provide (*e.g., medically complex diets beyond the required modified special diets, two-person transfers, specific dialysis services, etc.*)

3. If your needs exceed the care and services we provide, we may ask you to move out.

When your needs exceed the care and services we provide, we will meet with you to discuss the circumstances, attempting to determine the most appropriate care plan and setting to meet your care and service needs. If we cannot properly care for you at our community due to your increased needs, we may ask you to move to a more appropriate setting. If an agreement is not reached and attempts to resolve the issue are not successful, we may give you an involuntary move-out notice.

4. If you leave our community to receive acute medical, psychiatric, nursing facility or other care, we will conduct an evaluation before you can return to our community. Before you can return to our community, a qualified staff person will re-evaluate your condition and determine if our community can continue to meet your needs. If we determine we can no longer meet your needs, we will issue you an involuntary move out notice and you will not be permitted to return to our community. We will notify you of this determination as soon as possible and before you leave the acute care or other setting.

5. You have the right to ask for an administrative hearing if you disagree with our decision to issue you an involuntary move out notice. The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC 0443. You also may contact the Oregon Long Term Care Ombudsman for assistance in requesting a hearing. The phone number for that office is: 800-522-2602 or 503-378-6533.

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6. This is how we arrange for or coordinate hospice care:

[Fox Hollow Independent and Assisted Living] will work with hospice providers to coordinate hospice care if you or your representative request it.

Additional comments: Resident agrees to keep apartment free of debris or accumulation of clutter that prohibits ease of resident care.

Signature of resident or legal representative

Date